

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J		
O.I.P.E. CLASSIFIER		W/GW	10/12/01
FORMALITY REVIEW	TD	JCL1125	10/29/01
RESPONSE FORMALITY REVIEW	H-L	1079	10/03/01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final Original	12/1/5
5/31/5	
10/03/01	
1/1/1	✓ ✓
2/1/1	✓ ✓
3/1/1	✓ ✓
4/1/1	✓ ✓
5/1/1	✓ ✓
6/1/1	✓ ✓
7/1/1	✓ ✓
8/1/1	✓ ✓
9/1/1	✓ ✓
10/1/1	✓ ✓
11/1/1	✓ ✓
12/1/1	✓ ✓
13/1/1	✓ ✓
14/1/1	✓ ✓
15/1/1	✓ ✓
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26/1/1	✓ ✓
27/1/1	✓ ✓
28/1/1	✓ ✓
29/1/1	✓ ✓
30/1/1	✓ ✓
31/1/1	✓ ✓
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44/1/1	✓ ✓
45/1/1	✓ ✓
46/1/1	✓ ✓
47/1/1	✓ ✓
48/1/1	✓ ✓
49/1/1	✓ ✓
50/1/1	✓ ✓

Claim	Date
Final Original	51
52	
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Claim	Date
Final Original	101
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If more than 150 claims or 10 actions  
staple additional sheet here

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61-03-02